



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **ESKENAZI HOSPITAL**

City of Hospital: Indianapolis

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Josh Conley

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Medicare Provider Number: 150024

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$903443892
Outpatient Patient Service Revenue	\$1194797076
Total Gross Patient Service Revenue	\$2098240968

2. Deductions From Revenue

Contractual Allowance	\$1238429060
Other Deductions	\$371490719
Total Deductions	\$1609919779

3. Total Operating Revenue

Net Patient Service Revenue	\$488321189
Other Operating Revenue	\$75862344
Total Operating Revenue	\$564183533

4. Operating Expenses

Salaries and Wages	\$267792407	Employee Benefits	\$72779959
Depreciation and Amortization	\$62611617	Interest Expense	\$17826
Bad Debt	\$0	Other Expenses	\$310643509
Total Operating Expenses	\$713845318		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-149661784	Total Assets	\$1013676656
		Total Liabilities	\$281900000

Net Non-operating Gains over Loss	\$143012641
Total Net Gains	\$-6649143

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$547183421	\$381729180	\$165454241
Medicaid	\$951225555	\$677270394	\$273955161
Other Government	\$271788491	\$371490719	\$-99702228
Other State	\$0	\$0	\$0
Other Payers	\$328043502	\$179429485	\$148614017
Total	\$2098240969	\$1609919778	\$488321191

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$13084096	\$24141056.96	\$-11056960.96
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1060
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

We are still waiting to hear what our Med Ed payments were for 2018 so our estimated incoming revenue is understated. We received no DSH in 2018

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